

(Completed application must be returned to Norfolk Animal Management Center, 5585 Sabre Rd, Norfolk, VA 23502)

Name: _____

Last First Middle

If yes, indicate State _____ License # _____

Indicate the type of duties you would like to perform or services you would like to provide:

List the skills or special abilities you possess which relate to the above duties/services:

Provide information on your educational background, citing the highest grade you completed and any relevant technical, vocational, business courses, etc.:

State the hours and days of the week you will be available to volunteer, including the total length of time you plan to continue as a volunteer.

Past Volunteer History

Assignment Title: _____ Dates of Service _____ to _____
 (Mo) (Yr) (Mo) (Yr)

Company Name & Address: _____

Supervisor/ Person to contact as reference _____ Phone _____

Description of Duties: _____

Assignment Title: _____ Dates of Service _____ to _____
 (Mo) (Yr) (Mo) (Yr)

Company Name & Address: _____

Supervisor/ Person to contact as reference _____ Phone _____

Description of Duties: _____

Do you have, or have you ever had, any physical or mental condition, which may impair or adversely affect your ability to perform certain duties as a volunteer? YES NO If so, accommodations, which may be needed.

Person to contact in case injury or illness while volunteering:

 (Name) (Complete Address) (Phone #)

I have completed this application for the purpose of being considered for a volunteer assignment with City of Norfolk and attest to the accuracy of the information provided therein.

 Signature

 Date

OFFICE USE: Assigned to (department/bureau) _____	Date _____
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Liability Waiver

I _____ agree to hold Norfolk Animal Management Protection, the City of Norfolk, its agents and assignees harmless for any cost, claim, liability, damage, or injury that may occur as a result of volunteering my time and services to the Norfolk Animal Management Center.

Volunteer Signature _____ Date _____

NAMC Employee Signature _____ Date _____



Liability Waiver for Minors

I give permission for _____ to volunteer their time and services to The Animal Management Center. I certify that I _____ am the parent and/or legal guardian of _____ and I agree to hold the Norfolk Animal Protection, the City of Norfolk, its agents and assignees harmless for any cost, claim, liability, damage or injury that may occur as a result of this child volunteering.

Signature _____ Date _____

Witness _____ Date _____

A copy of a valid picture I. D. must accompany this waiver.